FILED Apr 11, 2003 8:00 am

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # K10381 1. Entity Name SUN BAY BUILDERS, INC.					04-11-2003 90202 022 ***150.00			
Principal Place of Business 2132 MONTANA AVE NE ST. PETERSBURG FL 33703		Mailing Address 2132 MONTANA AVE NE ST. PETERSBURG FL 33703						
Principal Place of Business 3. Mailing Address			·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4	. FEI Number 59-2863745	Applied For Not Applicable]
Zip	Country	_ Zip, ,	Country	~5.	Certificate of Status Desired	- \$8.75 Add	itional	-
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Registe			1
	. s-70g		Name					1
MIANO, MICHAEL ME 2132 MONTANA AVENE			Street	Street Address (P.O. Box Number is Not Acceptable)				
ST. PETERSBURG FL 33703								
			City		•	FL Zip Code	e	
SIGNATURE	named entity submits this statement for thins of registered agent. Signature, typed or printed name of registered agent and the NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00		registered office		n reinstating) D. 9. Election Campaign Financing	ATE \$5.0		
Make Check	k Payable to Florida Department of S				Trust Fund Contribution.		to Fees	
10.	OFFICERS AND D		11.	_ 	ADDITIONS/CHANGES TO OFFICERS			٦,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIANO, MICHAEL 1340 46TH AVENUE NORTH IST. PETERSBURG FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		montana are nE	Change	☐ Addition	CR2E034 (10/02)
	o . relendono re			137 ret	ersburc, fl	57 0b	T Address	뛶
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIANO, SUSAN 1340 46TH AVE N ST PETERSBURG, FL	□ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP	2133 St R	2 Montana que no textos FI	⊠ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COOK III, CHARLES 9038 WALSINGHAM RD LARGO FL	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	:
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change \	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
12. I hereby of indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower on an attack-	nis filing does not qualify for ue and accurate and that re ered to execute this report	the exemption st ny signature shall as required by Ch	ated in Section have the same napter 607, Flo	n 119.07(3)(i), Florida Statutes. I furthe e legal effect as if made under oath; th orida Statutes; and that my name appe	er certify that the in lat I am an officer of lars in Block 10 or	formation or director Block 11 if	